

Materials and methods. Two patients diagnosed and treated for gastric cancer 4 and 20 years before the onset of bone metastasis. Both are man of 57 and 47 years old. In both cases the metastasis were multiple and initial clinical was spinal cord compression (D11-L1 and D4), both operated (laminectomy and fixation of fracture). Gastric origin was found on histology. Both these locations receive radiotherapy after surgery (20 Gy in 5 sessions) followed by chemotherapy.

Results and conclusion. Treatment outcome in both cases was wrong, not correct the neurological clinical and with short survival. This presentation is described in young patients with a history of gastric cancer generally undifferentiated tumors with positive nodes and types III and IV of Borrmann. Usually are osteolytic metastases, but also there are described osteoblasts. Cases have been reported after 4, 11 and 19 years of initial treatment and our 20 years is the furthest from the primary we know. Is sometimes associated with bone marrow involvement and disseminated intravascular coagulation (DIC). The prognosis is poor in the short/medium term.

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Dosimetric predictors of gastrointestinal toxicity during IMRT-CAPOX in rectal cancer

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Objectives. To investigate dosimetric predictors of Grade 3 or greater gastrointestinal (GI) toxicity during hypofractionated intensity-modulated radiation therapy concomitant with capecitabine and oxaliplatin (IMRT-CAPOX) in patients with locally advanced rectal cancer (LARC).

Patients and methods. Patients with diagnostic of T3–T4 and/or N0–N+ rectal cancer received Capecitabine 825 mg/m² twice daily Monday through Friday and oxaliplatin 60 mg/m² intravenously on Days 1, 8, and 15, concurrently with IMRT (47.5 Gy/2.5 Gy/fraction/20 fractions). All patients who underwent IMRT-CAPOX from March 2003 to July 2008 were analyzed. Dose volume histograms (DVH) of the small bowel (SB), rectum and sphincter were individually recovered. Correlation between dosimetric parameters (V5, V10, V15, V20, V25, V30, V35, V40, V45, V50, V55) from each organ and Grade 3 GI toxicity (diarrhea and rectitis) was investigated using logistic regression. Best predictive cut-off values were assessed by ROC curves.

Results. 100 patients were analyzed. No Grade 4 toxicity was assessed. Grade 3 diarrhea was observed in 9 patients (9%), and grade 3 rectitis in 11 patients (11%). No dose-volume predictors related to Grade 3 rectitis were found. V10, V15 and V50 of SB were found to be dose-volume predictors of G3 diarrhea ($p=0.01$, $p=0.02$ and $p=0.027$, respectively) and the best cut-off value for each volume was 92.6 cm³, 78.8 cm³ and 4.44 cm³ respectively.

Conclusion. Low doses to high volumes of SB, such a V10 and V15, seem to be predictors of G3 diarrhea in LARC patients treated with hypofractionated IMRT-CAPOX protocol. We are currently using these constraints in our LARC patients.

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Down-staging after neoadjuvant radiochemotherapy in rectal cancer: Impact on survival

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Resumen

Background and aim. Neoadjuvant treatment with concurrent radiochemotherapy improves local control in locally advanced rectal cancer, however its effect on survival outcomes is still controversial. In order to determinate the impact on survival of this modality of treatment we have evaluated the correlation between the tumour response after preoperative treatment and survival benefit. **Methods:** We have reviewed the data from 108 patients with locally advanced rectal cancer (T3–4 N0 M0/Tx N1–2 M0). All patients were treated preoperatively with concurrent radiotherapy and either raltitrexed (3 mg/m² days 1, 19, 38) or capecitabine (825 mg/m² twice daily on days 1–38) based chemotherapy regimen. pTNM staging was evaluated in both regimens and tumour regression grade (TRG) was measured using Dworak system that goes from TRG 0 to TRG 4 (complete regression).

Results. Tumour regression grade as follows: TRG 4, 6 patients (6.1%); TRG 3, 15 patients (15.3%); TRG 2, 57 patients (58.2%); TRG 1, 20 patients (20.4%). Down-staging after preoperatively treatment: 57 patients (58.2%). Significant correlation was found between tumour regression grade and survival, either overall and disease-free survival. Five-year disease-free survival was 100, 89.9, 66.7 and 33% in TRG 4, 3, 2, and 1, respectively ($p<0.001$). Five-year overall survival was 83.3, 89.9, 82.3 and 49.7%, respectively, in TRG 4, 3, 2 and 1 ($p<0.001$). Five-year cancer-specific survival was 100, 100, 78 and 44% in TRG 4, 3, 2 and 1, respectively.